

**PROPOSAL TO LEASE SPACE**In Response to Request for Lease  
Proposals (RLP) Number→**9CO2497**

DATED

**08-01-  
2019****SECTION I - DESCRIPTION OF PREMISES****1. BUILDING  
DESCRIPTION**

a. Building Name

**760 Horizon**

b. Building Street Address

**760 Horizon**

c. City

**Grand Junction**

d. State

**CO**

e. 9-Digit ZIP Code

**81506-3966**

f. Congressional District

**3rd**

2a. FLOORS OFFERED

**1**2b. TOTAL NUMBER  
OF FLOORS IN BUILDING**4**

3. TOTAL RENTABLE SPACE IN OFFERED BUILDING

a. GENERAL PURPOSE  
(Office)**62,014 SF**

b. WAREHOUSE

**0 SF**

c. OTHER

**0 SF**

4. LIVE FLOOR LOAD

**50** Pounds per SF5. MEASUREMENT  
METHOD☒ ANSI/BOMA  
☐ OTHER6. YEAR OF LAST  
MAJOR RENOVATION  
(if applicable)**12 Yrs**

7. BUILDING AGE

**12 Yrs**

8. SITE SIZE

**2.85** SF  
Acres**SECTION II - SPACE OFFERED AND RATES**9. ANSI/BOMA OFFICE AREA  
SQUARE FEET (ABOA)**5,222**10. RENTABLE SQUARE FEET  
(RSF)**6,062**

11. COMMON AREA FACTOR (CAF)

**1.161**

"Tenant Improvements" are all alterations for the Government-demised area above the building shell buildout, excluding costs identified as tenant improvements in the Security Unit Price List. Building Specific Amortized Capital (BSAC) is the sum of costs identified as such in the Security Unit Price List. Neither the Tenant Improvements as stated in Block 12, nor the BSAC as stated in Block 13, are to be included in the shell rent. It is expected that the tenant buildout will be fully amortized at the end of the firm term, and the rent will be reduced accordingly. Any desired rent increases or decreases beyond the firm term of the lease should be reflected in the shell rate and fully explained as part of this written proposal. If Tenant Improvements or BSAC improvements are to be amortized beyond the firm term, those calculations must be itemized as part of this written proposal. The Offeror may attach additional pages as necessary.

					Number of years each cost per square foot is in effect. State any changes for any rent component.	
	a. BUILD-OUT COSTS PER CATEGORY	b. AMORTIZATION TERM	c. AMORTIZATION INTEREST RATE (%)	d. ANNUAL RENT \$ PER RSF	e. ANNUAL RENT \$ PER ABOA SF	f. NUMBER YEARS RATE IS EFFECTIVE
12. TENANT IMPROVEMENTS (per RLP requirements)	\$			\$	\$	
13. BSAC (per RLP requirements)	\$			\$	\$	
14. SHELL BUILD-OUT (per RLP requirements)	\$					
15. TOTAL BUILD-OUT COSTS	\$					
16. SHELL RENT (Including real estate taxes. Refer to Line 28 on GSA Form 1217)				<b>(b) (4)</b>		<b>5</b>
17. OPERATING COSTS (Refer to Line 27 on GSA Form 1217)						
18. TOTAL RATE/SF				\$ <b>25.78</b>	\$ <b>29.93</b>	<b>5</b>
19. TOTAL ANNUAL RENT				\$		
	PER SF RATE	FOR YEARS	PER SF RATE	FOR YEARS	PER SF RATE	FOR YEARS
20. STEP RENT (SHELL RATES)	\$ <b>(b) (4)</b> /RSF	<b>6</b> Thru <b>10</b>	\$ /RSF	Thru	\$ /RSF	Thru
	\$ /ABOA		\$ /ABOA		\$ /ABOA	

**21. PARKING**

a. Number of parking spaces for the entire building/ facility which are under the control of the Offeror:

**204**

Surface

Structured

b. Number of parking spaces required by local code:

Compliant Surface

Structured

c. Number of parking spaces for Employee/Visitor Use (per RLP):

**10 Visitor** Surface

Structured

d. Number of parking spaces for Official Government Vehicles (per RLP):

Surface

Structured

e. Does the rental rate offered above include RLP-required parking costs?

YES ☒ NO ☐

If NO, complete the following:

Annual cost per space: \$ Surface \$ Structured

### SECTION III - LEASE TERMS AND CONDITIONS

22. INITIAL LEASE TERM (Full Term)			23. RENEWAL OPTIONS			
a. Number of Years  5	b. Years Firm  5	c. Number of Days Notice for Government to Terminate Lease  N/A	a. Shell Rate / RSF / Yr  \$ _____	b. Years Each  XXX	c. Number of Options  XXX	d. Number of Days Notice to Exercise Option:  XXX
24. OFFER GOOD UNTIL AWARD			25. Space will be altered and delivered in accordance with the Government's specifications and requirements in accordance with the Request for Lease Proposals (RLP) and the lease.			
26. COMMISSIONS (If applicable), ATTACH COMMISSION AGREEMENT						
a. Tenant Representative Commission:  N/A %		b. Owner's Representative Commission:  (b) (4) %		c. Schedule of Commission Payments:  _____ % at lease award and 100 % at lease occupancy		
27. OFFEROR'S TENANT IMPROVEMENT FEE SCHEDULE*  *Block 27 fees only applicable for TI subject to post-award pricing.; N/A for turnkey pricing  a. Architectural/Engineering fees will be (choose one): <input type="checkbox"/> 1. \$ _____ per ABOA SF <input type="checkbox"/> 2. _____ % of Total TI construction costs <input type="checkbox"/> 3. \$ _____ flat fee  b. Lessor's Project Management Fee will be _____ percent of Total TI construction costs  c. If other fees are applicable, state as per ABOA square foot, or if using a percentage, the basis for determining the fee.  The Government will add the cost of the proposed TI fees to the net present value of the offered rental rate as described in the RLP's Present Value Price Evaluation paragraph. This schedule will be applicable for Tenant Improvements.			28. ADDITIONAL FINANCIAL ASPECTS OF THE LEASE  Adjustment for Vacant Premises: \$ (b) (4) per ABOA SF Adjustment for Reduced Services: \$ N/A per ABOA SF*  *Only applies when Government requires extended services, such as 24/7 HVAC, beyond normal operating hours (check RLP/Lease for confirmation). Reflects reduction if Government no longer requires these extended services. HVAC Overtime Rate: \$ (b) (4) per hour per <input type="checkbox"/> zone <input type="checkbox"/> floor <input checked="" type="checkbox"/> space (choose one)  For rates based on a "per zone" basis, provide the following: Number of zones in offered Space: _____ Building's Normal Hours of HVAC Operation: Monday - Friday 6:30 AM to 6 PM Saturday N/A AM to N/A PM Sunday N/A AM to N/A PM Percent of Government Occupancy: _____ % Current Year Taxes: \$121,598.19 Based on fully assessed value? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the offered space part of multiple tax bills or multiple buildings on a single tax parcel? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, provide tax ID numbers and SF for each. Attach the legal description of the offered property. If a site is offered, state the total land costs: \$ _____			
29. FREE RENT INCLUDED IN OFFER <input type="checkbox"/> 1. _____ months free rent (includes shell, operating, TI and BSAC rent) <input type="checkbox"/> 2. Other rental concessions structured as follows _____ <input checked="" type="checkbox"/> 3. None			30. LIST OF ATTACHMENTS SUBMITTED WITH THIS OFFER (See RLP requirements) XXXXX			

31. ADDITIONAL REMARKS OR CONDITIONS WITH RESPECT TO THIS OFFER  
XXXXX

### SECTION IV - OWNER IDENTIFICATION AND CERTIFICATION

32. RECORDED OWNER					
a. Name Crossroads Ventures LLC	b. Address 760 Horizon Drive	c. City Grand Junction	d. State CO	e. ZIP +4 81506-3966	f. DUNS Number
33. BY SUBMITTING THIS OFFER, THE OFFEROR AGREES UPON ACCEPTANCE OF THIS PROPOSAL BY HEREIN SPECIFIED DATE, TO LEASE TO THE UNITED STATES OF AMERICA, THE PREMISES DESCRIBED, UPON THE TERMS AND CONDITIONS AS SPECIFIED HEREIN, IN FULL COMPLIANCE WITH AND ACCEPTANCE OF THE AFOREMENTIONED RLP, WITH ATTACHMENTS. <input type="checkbox"/> I have read the RLP with attachments in its entirety and am requesting no deviations.					
34. Offeror's Interest in Property <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Other					
35. OFFEROR <input type="checkbox"/> Check if same as Recorded Owner					
a. Name Mike Foster CB Commercial Prime Properties	b. Address (b) (6)	c. City	d. State	e. ZIP + 4	
f. Title Commerical Broker	g. E-Mail Address (b) (6)	h. Telephone Number			
i. Offeror's Signature					j. Date Signed MM-DD-YYYY



**LEASE PROPOSAL DATA**

In Response to Request for Lease Proposals (RLP) Number

DATE:

**1****Offeror's Interest in the Property:**☐ Fee owner ☒ Other: Agent

Attach evidence of Offeror's interest in property (e.g., deed) and representative's authority to bind Offeror.

**2****Flood Plains:**The Property is ☐ in a base (100-year) flood plain ☐ in a 500-year flood plain ☒ not in a flood plain.*(See RLP Section 2, Flood Plains.)***3****Seismic Safety: The Building**☐ RLP does not contain seismic requirements. No documentation required.☐ RLP contains seismic requirements. The Building☐ Fully meets seismic requirements or meets an exemption under the RLP☐ Does not meet seismic requirements, but will be retrofitted to meet seismic requirements☐ Will be constructed to meet seismic requirements☐ Will not meet seismic requirements*(See RLP Section 2, Seismic Safety.) Attach appropriate documentation.***4****Historic Preference: The Building is a**☐ Historic property within a historic district.☐ Non-historic developed site or non-historic undeveloped site within a historic district.☐ Historic property outside of a historic district.☒ None of the above.*(See RLP Section 2, Historic Preference.) Attach appropriate documentation.***5****Asbestos-Containing Material (ACM): The Property**☒ Contains no ACM, or contains ACM in a stable, solid matrix that is not damaged or subject to damage.☐ Contains ACM not in a stable, solid matrix.*(See RLP Section 2, Asbestos.)***6****Fire/Life Safety:**The Property ☒ Meets ☐ Does not meet Lease fire/life safety standards.*(See RLP Section 2, Fire Protection and Life Safety.)***7****Accessibility:**The Property ☒ Meets ☐ Does not meet Lease accessibility standards.*(See RLP Section 2, Accessibility.)***8****ENERGY STAR®: The Building**☒ Has received the ENERGY STAR® Label within the past twelve months. Date (MM-DD-YYYY): 9/25/2018☐ Has not received the ENERGY STAR® Label within the past twelve months; the Offeror has evaluated energy savings measures and☐ Determined that none are cost effective.☐ Determined that the following are cost effective (Attach additional pages):*(See RLP Section 2, Energy Independence and Security Act.)***9**

**Waiver of Price Evaluation Preference.** A HUBZone small business concern (SBC) Offeror may elect to waive the price evaluation preference provided in Section 4 of the RLP. In such a case, no price evaluation preference shall apply to the evaluation of the HUBZone SBC, and the performance of work requirements set forth in Section 1 of the Lease shall not be applicable to a lease awarded to the HUBZone SBC Offeror under this solicitation. A HUBZone SBC desiring to waive the price evaluation preference should so indicate below.

☐ I am a HUBZone SBC Offeror and I elect to waive the price evaluation preference.*(See RLP and Lease documents for more information)*

## EXHIBIT F

**LESSOR'S ANNUAL COST STATEMENT***Important - Read attached "Instructions"*

OMB Control Number: 3090-0086

Expiration Date: 11/30/2019

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0086. We estimate that it will take 2 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

1. Request for Lease Proposals (RLP)		2. Statement Date <b>8/21/2019</b>
3. Rental Area (Square Feet) <b>6,062 SF</b>	3A. Entire Building <b>62,014 SF</b>	3B. Leased by Government <b>6,062 SF</b>
4. Building Name and Address (Number, Street, City, State, and Zip Code)		

**SECTION I - ESTIMATED ANNUAL COST OF SERVICES AND UTILITIES  
FURNISHED BY LESSOR AS PART OF RENTAL CONSIDERATION**

SERVICES AND UTILITIES	LESSOR'S ANNUAL COST FOR		FOR GOVERNMENT USE ONLY
	(a) Entire Building	(b) Government-Leased Area	
<b>A. CLEANING, JANITOR AND/OR CHAR SERVICE</b>	<b>(b) (4)</b>		
5. Salaries			
6. Supplies (Wax, cleaners, cloths, etc.)			
7. Contract Services (Window washing, waste and snow removal)			
<b>B. HEATING</b>			
8. Salaries			
9. Fuel ("X" one) <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Coal <input type="checkbox"/> Electric			
10. System Maintenance and Repair			
<b>C. ELECTRICAL</b>			
11. Current for Light and Power			
12. Replacement of Bulbs, Tires, Starters			
13. Power for Special Equipment			
14. System Maintenance and Repair (Ballasts, Fixtures, etc.)			
<b>D. PLUMBING</b>			
15. Water (For all purposes) (Include Sewage Charges)			
16. Supplies (Soap, towels, tissues not in 6 above)			
17. System Maintenance and Repair			
<b>E. AIR CONDITIONING</b>			
18. Utilities (Include electricity, if not in C11)			
19. System Maintenance and Repair			
<b>F. ELEVATORS</b>			
20. Salaries (Operators, starters, etc.)			
21. System Maintenance and Repair			

<b>G. MISCELLANEOUS (To the extent not included on Page 1)</b>		
22. Building Engineer and/or Manager	<b>(b) (4)</b>	
23. Security (Watchperson, guards, not janitors)		
24. Social Security Tax and Workperson's Compensation Insurance		
25. Lawn and Landscaping Maintenance		
26. Other (Explain on separate sheet) <b>Building Repairs &amp; Maintenance</b>		
27. <b>TOTAL</b>	236,037	12,000

**SECTION II - ESTIMATED ANNUAL COST OF OWNERSHIP EXCLUSIVE OF CAPITAL CHARGES**

28. Real Estate Taxes	<b>(b) (4)</b>	
29. Insurance (Hazard, Liability, etc.)		
30. Building Maintenance and Reserves for Replacement		
31. Lease Commission		
32. Management		
33. <b>TOTAL</b>	373,278	17,640

LESSOR'S CERTIFICATION - The amounts entered in Columns (a) and (b) represent my best estimate as to the annual costs of services, utilities, and ownership.

34. Signature of: ☐ Owner ☒ Legal Agent

TYPED NAME AND TITLE	SIGNATURE	DATE
34A.	34B.	34C.
35A.	35B.	35C.

*[Handwritten Signature]*